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# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

RECEIVED TO MB Number:

3235-0076 May 31, 2005

Estimated average burden hours per response........ 16.00

OM8 APPROVAL

FORM D

NOTICE OF SALE OF SECURIFIES
PURSUANT TO REGULATION DESCRIPTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC U	JSE ONLY
Prefix	Serial
DATE	RECEIVED
1	

Name of Offering (□check	if this is an amendment	and name has change	ed, and indicate chang	ge.)	
Philadelphia Stock Exchang	e, Inc Demutualizat	ion			
Filing Under (Check box(es) th	iat apply): 🔲 Rule 504	☐ Rule 505		☐ Section 4(	6) ULOE
Type of Filing:	iling	ent	_		
	A	. BASIC IDENTIF	ICATION DATA		
1. Enter the information requ	uested about the issuer				
Name of Issuer ( check	if this is an amendment	and name has chang	ed, and indicate chang	ge.)	
Philadelphia Stock Exchange	, Inc.	_			
Address of Executive Offices		(Number and Street,	City, State, Zip Code)	Telephone Number	(Including Area Code)
1900 Market Street	. •			(215) 496-5000	
Philadelphia, PA 19103					
Address of Principal Business	Operations	(Number and Street,	City, State, Zip Code)	Telephone Number	(Including Area Code)
(if different from Executive Of	fices)				
Brief Description of Business					
National Securities Exchange	providing facilities for	r trading equities, ec	quity and equity inde	ex options and foreig	n currency options.
Type of Business Organization					
	limited partner	ship, already formed	☐ othe	er (please specify):	- APAPPE
☐ business trust	limited partner	ship, to be formed			
			ear		
Actual or Estimated Date of In-	corporation or Organiza	tion: 07	72 🛛 Actual	☐ Estimated	FEB 04 2004
•					
Jurisdiction of Incorporation or	,		Postal Service abbrevi		D E THOMSON
	· · · · · · · · · · · · · · · · · · ·	N for Canada: FN for	other foreign jurisdic	ction) L	

## **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et. seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

#### A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Frucher, Meyer S. Business or Residence Address (Number and Street, City, State, Zip Code) 1900 Market Street, Philadelphia, PA 19103 Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Nagy, Christopher Business or Residence Address (Number and Street, City, State, Zip Code) 1900 Market Street, Philadelphia, PA 19103 Check Box(es) that Apply: ☐Beneficial Owner ☐Executive Officer ⊠Director ☐General and/or □Promoter Managing Partner Full Name (Last name first, if individual) Wallace, John F. Business or Residence Address (Number and Street, City, State, Zip Code) 1900 Market Street, Philadelphia, PA 19103 Check Box(es) that Apply: Promoter ☐Beneficial Owner TExecutive Officer ☑Director ☐General and/or Managing Partner Full Name (Last name first, if individual) Benton, I. Isabelle Business or Residence Address (Number and Street, City, State, Zip Code) 1900 Market Street, Philadelphia, PA 19103 ☐General and/or Check Box(es) that Apply: □ Promoter ☐Beneficial Owner ☐Executive Officer □ Director Managing Partner Full Name (Last name first, if individual) Cantwell, Jr., John L. Business or Residence Address (Number and Street, City, State, Zip Code) 1900 Market Street, Philadelphia, PA 19103 ☐General and/or Check Box(es) that Apply: □ Promoter ☐Beneficial Owner ☐ Executive Officer ⊠Director Managing Partner Full Name (Last name first, if individual) Carroll, Kevin Business or Residence Address (Number and Street, City, State, Zip Code) 1900 Market Street, Philadelphia, PA 19103 ☐Beneficial Owner ☐Executive Officer □ Director General and/or Check Box(es) that Apply: □Promoter Managing Partner Full Name (Last name first, if individual) Carter, Christopher R. Business or Residence Address (Number and Street, City, State, Zip Code) 1900 Market Street, Philadelphia, PA 19103

		A. BASIC IDENTI	FICATION DATA		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	N Director	☐General and/or
Check Box(es) that Apply.	☐ Fromoter	☐ Beneficial Owner	☐ Executive Officer	M Director	Managing Partner
Full Name (Last name first, i	f individual)				
Curcio, Michael J.	,				
Business or Residence Addre	ss (Number and S	treet, City, State, Zip Code	e)		
1900 Market Street, Philade	elphia, PA 19103	•			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				•
Dandridge, III, Albert S.					
Business or Residence Addre	ss (Number and S	treet, City, State, Zip Code	e)		
1900 Market Street, Philade	elphia, PA 19103				
Check Box(es) that Apply:	Promoter	☐Beneficial Owner	☐Executive Officer	⊠Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)		· · · · · · · · · · · · · · · · · · ·		
Erichsen, Peter C.					
Business or Residence Addre	ss (Number and S	treet, City, State, Zip Code	e)		
1900 Market Street, Philade	elphia, PA 19103		_		
Check Box(es) that Apply:	□Promoter	☐Beneficial Owner	☐Executive Officer	⊠Director	☐General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Foley, Kevin M.					
Business or Residence Addre	ss (Number and S	treet, City, State, Zip Code	<del>:</del> )		
1900 Market Street, Philade	elphia, PA 19103				
Check Box(es) that Apply:	Promoter	☐Beneficial Owner	Executive Officer	⊠Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Fowler, Jr., Wyche					
Business or Residence Addre	ss (Number and S	treet, City, State, Zip Code	e)		
1900 Market Street, Philade	elphia, PA 19103				
Check Box(es) that Apply:	□Promoter	☐Beneficial Owner	☐Executive Officer	⊠Director	☐General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Gage, Lawrence N.					
Business or Residence Addre	ss (Number and S	treet, City, State, Zip Code	e)		
1900 Market Street, Philade	elphia, PA 19103				
Check Box(es) that Apply:	Promoter	☐Beneficial Owner	☐Executive Officer	⊠Director	☐General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Hunt, Jr., Dean Isaac C.					
Business or Residence Addre	ss (Number and S	treet, City, State, Zip Code	e)		
1900 Market Street, Philade	elphia, PA 19103				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

<del></del>		A. BASIC IDENT	IFICATION DATA		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Myers, Eleanor W.					
Business or Residence Addre	ss (Number and S	Street, City, State, Zip Cod-	e)		
1900 Market Street, Philad	elphia, PA 19103				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Papadakis, Constantine					
Business or Residence Addre	ss (Number and S	Street, City, State, Zip Cod	e)		
1900 Market Street, Philad	elphia, PA 19103				
Check Box(es) that Apply:	□Promoter	☐Beneficial Owner	Executive Officer	⊠Director	☐General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Pizzi, Charles P.					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod-	e)		
1900 Market Street, Philad	elphia, PA 19103				
Check Box(es) that Apply:	Promoter	☐Beneficial Owner	☐Executive Officer	⊠Director	☐General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Pressler, Larry L.					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod-	e)		
1900 Market Street, Philad	elphia, PA 19103				
Check Box(es) that Apply:	Promoter	☐Beneficial Owner	☐Executive Officer	⊠Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			-	
O'Rourke, Daniel B.					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	e)		
1900 Market Street, Philad	elphia, PA 19103				
Check Box(es) that Apply:	Promoter	☐Beneficial Owner	☐Executive Officer	⊠Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Sperling, Gene					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	e)		
1900 Market Street, Philad	elphia, PA 19103				
Check Box(es) that Apply:	□Promoter	☐Beneficial Owner	☐Executive Officer	⊠Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
White, Wendy S.					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	e)		
1900 Market Street, Philad	elphia, PA 19103				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	·- <del></del>	A. BASIC IDENT	IFICATION DATA		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Briggs, Jr., William N.					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	e)		
1900 Market Street, Philad	elphia, PA 19103				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☐ Director	☐General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Morgan, William H.					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	e)		
1900 Market Street, Philad	elphia, PA 19103				
Check Box(es) that Apply:	Promoter	☐Beneficial Owner	⊠Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Rogers, Charles A.					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	e)		
1900 Market Street, Philad	elphia, PA 19103				
Check Box(es) that Apply:	Promoter	☐Beneficial Owner	⊠Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Schwartz, Lanny A.					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	e)		
1900 Market Street, Philad	elphia, PA 19103				
Check Box(es) that Apply:	Promoter	☐Beneficial Owner	☑Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Jennings, Joseph D.					
Business or Residence Addre	ss (Number and S	Street, City, State, Zip Cod	e)		
1900 Market Street, Philad	elphia, PA 19103				
Check Box(es) that Apply:	□Promoter	☐Beneficial Owner	⊠Executive Officer	Director	☐General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Ross, Murray L.					
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	e)		
1000 Market Street Philad	elnhia PA 19103				

B. 1	INFOR	MATION	ABOUT C	FFERING									
1.	Hac th	se iccuer co	ld or does	the iccuer in	tand to call	to non non	raditad inve	ectore in thi	s offering?				Yes No ☑ □
•	1145 (1	ic 133uct 30	id, or does						under ULOI		••••••	*************	
2.	What	is the mini	mum invest			• -		_					N/A
					•		•						Yes No
3.		-			-								$\boxtimes$
4.	Enter	the informa	ation reques	ted for each	h person w	ho has been	or will be	paid or give	n, directly	or indirectly	y, any comr	nission or	
									ies in the of with a stat				
	broker	or dealer.	If more tha	an five (5) p	ersons to b				uch a broke				
				r dealer onl	у.		<u></u>	<del></del> –	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	·
Full	Name (	(Last name	first, if ind	ividual)									
N/A				<u></u>									
Bus	iness or	Residence	Address (N	lumber and	Street, Cit	y, State, Zip	Code)						
Nan	ne of As	ssociated B	roker or De	aler									
Stat						o Solicit Pu	rchasers						
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Otati													]All States
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	IL] MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
$\rightarrow$	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name (	(Last name	first, if indi	ividual)									
Busi	iness or	Residence	Address (N	lumber and	Street, City	, State, Zip	Code)						
Nan	ne of As	ssociated B	roker or De	aler									
State						Solicit Pu	rchasers						7 A 11 C+-+-
f.	(Checl AL]	k "All State [AK]	es" or check [AZ]	individual [AR]	States)	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	]All States [ID]
[	IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
	MT] RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[UN] [XT]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]

				DS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				٠	
	Type of Security		Aggregate Offering Pri		Am	ount Already Sold
	Debt	\$_	0		_ \$	0
	Equity	\$_	6,664,500 <sup>1</sup>		_ <b>s</b> _	6,664,5001
	□ Common    □ Preferred²					
	Convertible Securities (including warrants)	<b>s</b> _	0		. <b>\$</b>	0
	Partnership Interests	\$_	0_		\$	. 0
	Other (Specify)	\$_	0		<u></u>	0
	Tota]	\$_	6,664,500 <sup>1</sup>		\$	6,664,500 <sup>1</sup>
	Answer also in Appendix, Column 3, if filing under ULOE.				. —	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" is answer is "none" or "zero."		Number			Aggregate Ollar Amount
			Investors			f Purchases
	Accredited Investors	_	220		. \$ <u></u> 6	5,140,0001
	Non-accredited Investors		26		. \$	524,5001
	Total (for filings under Rule 504 only)				\$	
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C –					
	Question 1.				,	
	Question 1.		Type of		, Do	ollar Amount
	Question 1.  Type of offering		Type of Security			ollar Amount Sold
	Question 1.  Type of offering  Rule 505	\$_			\$	Sold
	Question 1.  Type of offering  Rule 505  Regulation A				\$ \$	Sold
	Question 1.  Type of offering  Rule 505		Security		\$ \$ \$	Sold
	Question 1.  Type of offering  Rule 505  Regulation A		Security		\$ \$ \$	Sold
4.	Question 1.  Type of offering  Rule 505	\$_ \$_ \$_ \$_	Security		\$ \$ \$	Sold
4.	Question 1.  Type of offering Rule 505	\$_ \$_ \$_ \$_	Security		\$ \$ \$	Sold
4.	Question 1.  Type of offering Rule 505	\$_ \$_ \$_ \$_	Security		\$ \$ \$ \$	Sold
4.	Question 1.  Type of offering Rule 505	\$_ \$_ \$_ \$_	Security		\$ \$ \$	Sold 500

The offering consists of the demutualization of the Philadelphia Stock Exchange via a merger transaction in which the owners of seats on the Exchange received, upon cancellation of their seats in the merger, shares of the Class A Common Stock of Philadelphia Stock Exchange, Inc.

The Aggregate Offering Price and Amount Already Sold is based on the average values of seats sold by owners during the month of December 2003. The Philadelphia Stock Exchange has not received, no will it receive and proceeds from the merger transaction and the offering effected

Engineering Fees		\$	0	
Sales Commissions (specify finders' fees separately)		<b>S</b>	0	
Other Expenses (identify) Proxy solicitation; facilities for holding owner and member meetings	$\boxtimes$	\$	61,378	
Total	[X]	s	1.388.978	

1 4

D. D.	00	e Pay	yments To Others 0 0
for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b above.  Proceeds and fees	Officers, rectors, & Affiliates 0 0 0	Pay	Others 0 0
Salaries and fees	Officers, rectors, & Affiliates 0 0 0	Pay	Others 0 0
Purchase of real estate	0 0		0
Purchase, rental or leasing and installation of machinery and equipment \\ \text{S}\\ Construction or leasing of plant buildings and facilities.}\\ Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) \\ \text{Repayment of indebtedness.}\\ \text{Working capital.}\\ \text{Other (specify)}\\ \text{Column Totals.}\\ \text{S}\\ \text{Column Totals.}\\ \text{S}\\ \text{S}\\ \text{Column Totals.}\\ \text{S}\\ \text{S}\\ \text{S}\\ \text{Column Totals.}\\ \text{S}\\ \text{S}\\ \text{S}\\ \text{S}\\ \text{S}\\ \text{Column Totals.}\\ \text{S}\\ \	0	🗆 \$	
Construction or leasing of plant buildings and facilities	0		0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)  Repayment of indebtedness  Working capital  Other (specify)  Column Totals.		ПS	
offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)  Repayment of indebtedness.  Working capital.  Other (specify)  Column Totals.	0		0
Repayment of indebtedness		🗆 🖺	0
Working capital	0	🗆 \$	0
Other (specify)   Column Totals   \$\Boxed{S}\$			0
Column Totals	0		0
		□\$	0
Total Laymonts District (Column totals added)		\$03	
D. FEDERAL SIGNATURE			
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.			
Issuer (Print or Type) Philadelphia Stock Exchange, Inc.  Signature Jan	e uary 26, 2	2004	
Name of Signer (Print or Type)  Scott M. Donnini  Title of Signer (Print or Type)  Vice President			

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

<sup>&</sup>lt;sup>3</sup> The Philadelphia Stock Exchange has not received, nor will it receive, any proceeds from the merger transaction and the offering effected thereby.